



UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS
UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, D.C. 20231
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Bib Data Sheet

CONFIRMATION NO. 7420

SERIAL NUMBER 10/079,128	FILING DATE 02/20/2002 RULE	CLASS 379	GROUP ART UNIT 2661	ATTORNEY DOCKET NO. 13944.112
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APPLICANTS

Danny L. Berlyoung, Akron, OH;
Calvin E. Lewis, Copley, OH;
Rodney A. Ross, Fairlawn, OH;

**** CONTINUING DATA *******

THIS APPLICATION IS A CIP OF 09/961,532 09/24/2001
AND IS A CIP OF 10/000,543 10/23/2001

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 03/12/2002

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> Met after Allowance	OH	15	18	2
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS

SHANE H. HUNTER, ESQ
MINTZ, LEVIN, COHN, FERRIS, GLOVSKY AND POPEO, P.C
ONE FINANCIAL CENTER
BOSTON , MA 02111

TITLE

Multi-media communication management system with multicast messaging capabilities

FILING FEE RECEIVED 740	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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Bib Data Sheet

CONFIRMATION NO. 7420

SERIAL NUMBER 10/079,128	FILING DATE 02/20/2002 RULE	CLASS 379	GROUP ART UNIT 2642	ATTORNEY DOCKET NO. 13944.112
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APPLICANTS

Danny L. Berlyoung, Akron, OH;
 Calvin E. Lewis, Copley, OH;
 Rodney A. Ross, Fairlawn, OH;

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THIS APPLICATION IS A CIP OF 09/961,532 09/24/2001
 AND A CIP OF 10/000,543 10/23/2001

**** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

** 03/12/2002

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY OH	SHEETS DRAWING 15	TOTAL CLAIMS 18	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS

024283

TITLE

Multi-media communication management system with multicast messaging capabilities

FILING FEE RECEIVED 740	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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